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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Brook Plaza Commons LLC

Name of Corporation

DOCUMENT NUMBER: L03000017398

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dolores Burton

Name of Contact Person

c/o United Corporate Services, Inc.

Firm/Company

100 State Street, Suite 800

Address

Albany, New York 12207

City/State and Zip Code



For further information concerning this matter, please call:

Dolores Burton

Name of Contact Person

894-9049 ext 217

16 NOV -7 PM 1:

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	me of the limited liability company:BROOK PLAZ	A CON	IMONS LLC			
2. (a)	12035 Raleigh LaGrange	(b)	12035 Raleigh LaGran	<u>је</u>		
(-/ .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*)	Mailing address of lim (Note: MAY BE PO			
	Eads, TN 38028	-	Eads, TN 38028			
	5/14/2003		L03000017398	Э.,		
•	Date of filing/registration in Florida	4.	Document numbe	Г		
. (a)	CT Corporation System			1 FS		
	Registered Agent and Registered Office shown on the records of the 1200 S Pine Island Rd	e Florida	Dept. of State:	LEGRETA		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS		-7 PM		
	Plantation, FL	33324		H I: 2		
(b)	United Corporate Services, Inc.					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
	9200 South Dadeland Bivd.					
	NEW Registered Office Address:					
	Suite 508					
	Miami , FL	33156				
ne cha gent w vas/we	mited liability company is not organized under the law, nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regis bility co the limi imited li	tered office and the business mpany, it is hereby confirmed ited liability company or as o	office of the registered		
Signat	ure of a member of authorized representative of a member		Printed or typed nam	c of signee		
ne odi o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	e to act performa for in C ereby co	in this capacity. I further as ince of my duties, and I am fa hapter 605, F.S. Or, if this a infirm that the limited liabilit	ree to comply with the miliar with and accept ocument is being filed v company has been		

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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00